



REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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JUN 12 2002

TECH CENTER 1600/2900

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Address to:

Assistant Commissioner for Patents
Box CPA
Washington DC 20231

Application No. 09/491,549

Filing Date: January 26, 2000

First Named Inventor: David Charles Baulcombe

Group Art Unit: 1632

Examiner Name: Peter Paras

Attorney Docket No..

This is a request for a continued examination under 37 C.F.R. 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. §1.114

a. [] Previously filed

- i. [] Consider the unentered amendment/reply previously filed on _____
- ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. [] Other _____

b. [x] Enclosed

- i. [x] Amendment/Reply
- ii. [x] Affidavit(s)/Declaration(s)
- iii. [x] Information Disclosure Statement
- iv. [x] Other _____

2. [x] Fee Transmittal Sheet is enclosed in duplicate.

3. [x] Request for extension: Pursuant to 37 C.F.R. §1.136, Applicant(s) request a -three month extension for filing a response to the outstanding Official Action.

SIGNATURE OF APPLICANT, ATTORNEY or AGENT

	Kathleen D. Rigaut, Ph.D., J.D.
P.T.O. Regis. No 43,047	Phone (215) 563-4100 Fax (215) 563-4044

CERTIFICATE OR MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner of Patents, Box REC, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on:

June 4, 2002

Jane C. Bogan

Date



JUN 11 2002

FEE TRANSMITTAL

Complete if known

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Total Amt. of Payment: (1)+(2)+(3)= \$1,660

Attorney Docket Number:

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within three months 920.00 Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ SUBTOTAL (3) <u>\$920</u>																					
2. Payment enclosed: Check in the amount of <u>\$1,660</u>																							
FEE CALCULATION																							
1. FILING FEE		Fee																					
Fee Description Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Request for Continued Examination 740.00		SUBTOTAL (1) <u>\$0</u>																					
		SUBTOTAL (3) <u>\$920</u>																					
2. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">Paid</th> <th style="text-align: center;">Extr</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- = 0</td> <td style="text-align: center;">x</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">SUBTOTAL (2) <u>\$0</u></td> </tr> </tbody> </table>					Paid	Extr	Fee	Total Claims	= 0	x	= 0	Independent Claims	- = 0	x	= 0	Multiple Dependent (First presentation)					SUBTOTAL (2) <u>\$0</u>		
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Independent Claims	- = 0	x	= 0																				
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	SUBTOTAL (2) <u>\$0</u>																						

Submitted By:

Typed or

Printed Name Kathleen D. Rigaut, Ph.D., J.D. Reg. Number 43,047

Deposit Account User ID

04-1406

Signature Kathleen D. Rigaut Date June 4, 2002